

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State -
DIVISION OF CORPORATIONS

03 NOV 19 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000089568

1. Corporation Name

Stepping Out In Style, Inc.

REINSTATEMENT 01-03

2. Principal Office Address

694 Merlins Court

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Zip

34689

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-20-1995

5. FEI Number

59-3344283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Simon Luper

Street Address (P.O. Box Number is Not Acceptable)

694 Merlins Court

Suite, Apt. #, Etc.

City

Tarpon Springs, FL

State
FL

Zip Code
34689

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

29 Oct 2001

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,S,T,D	Simon Luper	694 Merlins Court	Tarpon Springs, FL 34689

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

29 Oct 2001

Daytime Phone #

CR2E081 (10/02)

SIMON LUPER
694 Merlins Court
Tarpon Springs, FL 34689

October 28, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 59-3344283
Stepping Out In Style, Inc.
Reinstatement

This letter is to request the reinstatement of the above-mentioned corporation. I have enclosed the Corporation Reinstatement form and a check for \$1,050.00. I am asking that you waive the \$600.00 reinstatement fee and accept my payment as full payment.

I was totally unaware of the annual filing requirements and do not recall getting any correspondence. Recently, this matter came to my attention and in researching my corporation I found that the dissolution occurred in 1997.

I would greatly appreciate any help you can give me in this matter. If you have any questions, please feel free to contact me.

Sincerely,

Simon Luper
Stepping Out In Style, Inc.